

**Village of Biggsville**  
**Hotel Use Tax Return**  
Pursuant to Village Ordinance #559

Name/Local Address of Hotel

Filing Quarter\_\_\_\_\_

Illinois Tax Number\_\_\_\_\_

Corporate Name/Mailing Address (if different)

**Computation of Hotel Use Tax Liability**

1. Total receipts from room rentals (do not include taxes) \_\_\_\_\_
2. Exemption: Total receipts for permanent guests  
(Same room for 30 or more consecutive days) \_\_\_\_\_
3. Taxable receipts from room rentals (line 1 minus line 2) \_\_\_\_\_
4. 1% Hotel Tax (line 3 x .01) \_\_\_\_\_
5. If filed after due date, add 1% penalty (line 4 x 1%) \_\_\_\_\_
6. **Total Tax to be remitted** (Add lines 4 + 5) \_\_\_\_\_

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this Form is true, correct and complete.

Signature of Taxpayer

Signature of Preparer

Title

Company Name

Date Signed

Telephone Number

Date Prepared

Telephone Number

DUE: 20<sup>th</sup> of the month following the end of filing quarter

- Make check payable to: **Village of Biggsville**
- Remit to: Village of Biggsville  
PO Box 154  
Biggsville, IL 61418

Questions : 309-627-2210  
biggsville1800@gmail.com  
Forms available at : [www.villageofbiggsville.com](http://www.villageofbiggsville.com)